

**Checklist for
HEALTH ALERTS OR NEWS RELEASES TO PROVIDERS OR MEDIA**

Initiator: _____ Topic/Issue: _____

☐ Issue arises that requires a notice to providers or the media.

Date completed: _____ / _____ / _____ Initials: _____

☐ Health Alert or News Release developed by assigned staff.

Date completed: _____ / _____ / _____ Initials: _____

☐ Reviewed, edited, and approved for release by Supervisor or Director, depending on availability, by initialing bottom right corner.

☐ CHS Secretary faxed or emailed Health Alert or News Release per specified distribution list.

Date completed: _____ / _____ / _____ Initials: _____

Distribution list:

1. _____
2. _____
3. _____

☐ CHS Secretary sent Health Alert or News Release to internal webmaster via email.

Date completed: _____ / _____ / _____ Initials: _____

☐ Internal webmaster posted Health Alert or News Release to all relevant websites, i.e., Intranet, Health Department Site, Provider Information Site, etc.

Date completed: _____ / _____ / _____ Initials: _____